## Vanderburgh County Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03</u> /0 <u>1/2<b>011</b></u>	Address:	315 Bell Ave
Case #:	<u>11-03806</u>		<u>Evansville, IN</u>
County:	<u>Vanderbu</u> rgh		<u>47712</u>
Type of La	nboratory Seizure (check one)	Seizure Location (	check all that apply)
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
(check all the Lithium	/Ammonia Reaction(s): Kitchen cou	nter	<del></del>
	osphorous/Iodine Reaction(s):		
Flammable Solvents: <u>Kitchen counter</u>			
Water Reactive Metal (Lithium):			
⊠ Hydrocl	nloric Acid Gas Generator(s): trashca	<u>n in kitchen</u>	
Auhydro	ous Ammonia:		
Corrosiv	ve Acid:		
Corrosiv	ve Base:		
Other (it	tem and location):		
☐ Yes ☑ No ☐ Children Living cond Estimated le	r age 18 discovered (check appropriate (number present) not present but evidence they reside itions of home: clean disarray ength of time manufacturing had been information:	or visit often	
This report	has been faxed to the following age	ncies that serve the	location:
Health Depa	ment: <u>C_Weaver</u> artment: <u>D_Caldwell</u> of Child Services: <u>N/A</u>	Fax: <u>812-43</u> Fax: <u>812-43</u> Fax:	
For further i Investigating	nformation regarding this methamphe g Officer: <u>Det. Heath Stewart</u> Phon	etamine laboratory, ec ne 8 <u>12-435-851</u> 8	ntact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.